

SECTION 10 ELECTRONIC COMMERCE SERVICES

What Services are Available

The EDS Electronic Commerce Services unit offers support to providers, software vendors, billing services, value added networks (VANS) and clearinghouses in matters related to Electronic Data Interchange (EDI). This includes providing supporting transactions implemented with the Health Insurance Portability and Accountability Act (HIPAA), including:

- Health Care Claim Dental ASC X12N 837 004010X97A1
- Health Care Claim Professional ASC X12N 837 00410X098A1
- Health Care Claim Institutional ASC X12N 837 00410X091A1
- Health Care Payment/Advice ASC X12N 835 00410X091A1
- Claim Inquiry and Response ASC X12N 276/277 00401X093A1
- Eligibility Benefit Inquiry/Response ASC X12N 270/271 004010X092A1
- Health Care Services Review and Response ASC X12N 278 004010X94
- Transmission Receipt Acknowledgment ASC X12 997 004010

In addition, Electronic Commerce Services provides technical support to the users of the North Carolina Medicaid web-based claims filing tool known as NCECS Web.

Electronic Claims Submission

Submitting claims electronically offers a low-cost, highly reliable alternative to paper claim submission. EDS currently processes claims through the following electronic formats: modem, secure file transfer protocol (SFTP) and diskette. More than 95 percent of all Medicaid claims are currently submitted electronically. Electronic claims processing can improve the way Medicaid works through:

- **Improved Cash Flow**

Claims submitted electronically are processed faster than paper claims, so payments are received more quickly. Claims submitted electronically by 5:00 p.m. on the cut-off date are processed on the following checkwrite.

Note: The Electronic cut-off schedule and the Checkwrite schedule are available on DMA's Web site at: <http://www.dhhs.state.nc.us/dma/forms.htm>.

- **Time Saving**

Billing Software allows the user to quickly complete the claims entry process by providing time saving features such as automatically inserting certain pieces of information, retrieving old claims from backup files, and generating lists of commonly used billing codes.

- **Ease of Use**

EDS automates Medicaid claim tracking. By utilizing the capabilities internet in some software packages, providers can create reports and track paid and denied claims. Electronic back-up files easily facilitate claim resubmission.

- **Support**

ECS analysts are available Monday through Friday, 8:00 a.m. through 4:30 p.m. at 919-851-8888 or 1-800-688-6696, menu option 1.

Billing Claims Electronically

All providers who submit claims electronically – whether they are submitted through a clearinghouse or with software obtained from an approved vendor or through NCECSWeb – must complete and return an ECS provider agreement to DMA for each billing provider number. If the Medicaid billing number is a group number, page three of the agreement must be completed by all of the individuals in the group.

Notification of approval is mailed back to the requesting party within 10 working days. Notifications of approval must be received from DMA before providers can begin billing electronically. To obtain a copy of this agreement, visit <http://www.dhhs.state.nc.us/dma/forms.html#prov>, or contact the ECS unit at 1-800-688-6696 or 919-851-8888, menu option 1.

Providers and clearinghouses that bill HIPAA-compliant transactions directly to N.C. Medicaid are required to complete and submit a Trading Partner Agreement to EDS. The TPA stipulates the general terms and conditions by which the partners agree to exchange information electronically. The EDS Electronic Commerce Services Unit will work with the trading partner's staff to exchange and analyze technical information. The TPA form is available on DMA's Web site at <http://www.dhhs.state.nc.us/dma/hipaa.htm>.

Billing with the North Carolina Electronic Claims Submission Web-based Tool – The North Carolina Electronic Claims Submission Web-Based (NCECSWeb) tool is available to providers at no charge. NCECSWeb can only be used to bill claims to North Carolina Medicaid. Providers are required to receive a logon identification number (also known as an authorization number or submitter ID) and password to NCECSWeb. NCECSWeb replaces all previous versions of ECS software issued by N.C. Medicaid.

Billing with Software Obtained from a Vendor – A variety of software programs that provide integrated health insurance billing are also available. Providers must obtain software from a vendor who has written the program using specifications adopted under HIPAA. For a list of approved vendors, call the EDS unit at 1-800-688-6696 or 919-851-8888, menu option 1.

After verifying that the vendor has tested their software with EDS, call the ECS unit at 1-800-688-6696 or 919-851-8888, menu option 1, to obtain a **logon identification** number and a **password**. It is not necessary to test the software prior to submitting claims. Once providers are notified that the logon and password have been activated, they can begin submitting claims electronically.

Billing with Software Written by your Office or Company – Facilities and providers may develop their own software for electronic claims filing. This software must comply with the electronic standards as adopted under HIPAA. HIPAA Transaction Implementation Guides may be obtained from Washington Publishing Company at www.wpc-edi.com. In addition, N.C. Medicaid Companion Guides, designed for use in conjunction with HIPAA Transaction Implementation Guides, may be found at <http://www.dhhs.state.nc.us/dma/hipaa/compguides.htm>.

Once the software program has been written, call the ECS unit at 1-800-688-6696 or 919-851-8888, menu option 1, to obtain a **test logon identification number** and a **password**.

Providers are asked to submit 5 to 20 test claims electronically. These claims can be previously paid claims or new claims that will be submitted for payment at a later date. Claims must have valid information and dates of service that are not over one year old. The claims are tested for compliance to HIPAA standard format only.

The EDS Testing Coordinator contacts providers with test results within 5 to 7 working days. No payments are made on test claims. When testing is complete, the provider is responsible for refilling the claims for payment. After successful completion of testing, a working logon identification number and password are assigned to the provider.

Billing through a Clearinghouse – Providers may choose to contract with a clearinghouse to submit claims to Medicaid. The clearinghouse must use HIPAA-compliant software. It is not necessary for providers to test the software. The Clearinghouse handles all of the connections procedures and claim submission processes for the provider.

Value Added Networks

Value Added Networks (VANs) refers to the services used for transporting data from point to point. Electronic Data Interchange (EDI) vendors offer the services that are needed to begin utilizing online services such as:

- Interactive recipient eligibility verification (EVS)
- Batch claim transmission – no charge for this service
- Point-of-sale (POS) interactive claim transmission (for pharmacies)
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Interactive Recipient Eligibility Verification

Providers may wish to contract the services of a VAN for access to real-time recipient eligibility verification. Approved VANs interface directly with the Medicaid recipient database maintained by EDS and provide network software verification services to providers at a reasonable cost. Providers also pay a transaction fee to Medicaid at a rate of \$.08 per transaction for each interactive (immediate real-time) inquiry and response. The transaction charges are deducted from the Net Pay Amount listed in the claims Payment Summary section (row G) of the RA. The Adjusted Net Pay Amount equals the amount on the payment check.

The eligibility verification database is updated daily from the State's master eligibility file. This service option is available 24 hours per day, 7 days per week except during system maintenance: 1:00 a.m. to 5:00 a.m., EST on the first, second, fourth, and fifth Sundays of the month and 1:00 a.m. to 7:00 a.m. on the third Sunday of the month.

To verify eligibility, providers must have:

1. The Medicaid provider's number to identify the provider making the inquiry
2. The recipient's MID number, or
3. The recipient's social security number and date of birth.
4. The date of service, which must be a specific date of inquiry and the prior 12 months or a span of dates not more than one calendar month.

The matching response to the eligibility inquiry includes:

1. The recipients MID number
2. The name of the recipient
3. The recipients date of birth
4. The recipients social security number if used to make inquiry
5. The coverage group for eligibility (e.g. MPW, MQB, MAA, etc.)
6. Managed care enrollment, if applicable, including:
 - The Carolina ACCESS (CCNC) primary care provider and telephone numbers
7. Medicare part A or B
8. Third party insurance coverage (data available up to three policies)

Approved VAN Vendors

To initiate the process of becoming a VAN vendor, contact DMA Provider Services at 919-855-4050.

**Emdeon (Previously known as WebMD
Envoy, including MediFax – EDI)**

Two Lakeview Place
26 Century Blvd., Suite 601
Nashville, TN 37241
Contact: Marketing Department
1-800-845-6592
service@webmd.net
<http://www.webmd.com>

MedData

2100 Rexford Road, Suite 300
Charlotte, NC 28211
Contact: Marketing, Anne Brade
1-877-633-3282
HDX
51 Valley Stream Parkway
Malvern, PA 19355
Contact: Marketing Department
1-888-826-9702
<http://www.siemensmedical.com>

HDX

51 Valley Stream Parkway
Malvern, PA 19355-1751
Contact: Marketing Department
1-888-826-9702
<http://www.siemensmedical.com>

Passport Health Communications, Inc.
720 Cool Springs Blvd., Suite 450
Franklin, TN 37067
Contact: Marketing, Lloyd Baker
Lloyd@passporthealth.com
<http://www.medicheck.com>

Important Telephone Numbers for Electronic Commerce Services

Call 1-800-688-6696 or 919-851-8888, menu option 1, for inquiries on the following topics:

- ECS provider agreement
- EDI vendors, clearinghouses and VANS
- Software vendor list/file specifications
- NCECS-Web
- Logon authorization
- Transmission issues

Electronic Funds Transfer

EDS offers Electronic Funds Transfer (EFT) as an alternative to paper checks. This service enables Medicaid payments to be automatically deposited in the provider's bank account. EFT guarantees payment in a timely manner and prevents checks from being lost or stolen.

To initiate the automatic deposit process, providers must complete and re turn the **Electronic Funds Transfer Authorization Agreement for Automatic Deposit form**. To confirm the provider's account number and bank transit number, a voided check must be attached to the form. A separate EFT form must be submitted for each provider number. Providers must submit a new EFT form if they change banks or bank accounts. A copy of the form is in Appendix G-32 or can be obtained on DMA's Web site at <http://www.dhhs.state.nc.us/dma/forms.html>.

Completed forms can be returned by fax to the EDS financial unit at 919-816-3186 or by mail to the address listed on the form. Providers will continue to receive paper checks for two checkwrite periods before automatic deposits begin or resume to a new bank account. Providers can verify that the EFT process for automatic deposits has been completed by checking the top left corner of the last page of their RA, which will indicate **EFT number** rather than **check number**.

Note: EFT is not available to providers who have been terminated or providers with federal or state garnishments.

Electronic Commerce Services – Commonly Asked Questions

1. What is the automatic deposit process?

EDS generates a list of deposits on an electronic wire, which represents payments to providers who have chosen automatic deposit. This electronic wire is sent to the Federal Reserve Bank, which makes the transactions to the providers' bank. Simultaneously, the EDS account is debited for the funds.

2. What are the advantages to automatic deposit?

The major advantage is that automatic deposit eliminates needless worry about check delays and checks lost in the mail. It generally takes 2 to 3 weeks to reissue a lost check.

3. How do I enroll for automatic deposit?

Providers must complete an **Electronic Funds Transfer Authorization Agreement for Automatic Deposit form**. A copy of the form is available in Appendix G-32 or on DMA's Web site at <http://www.dhhs.state.nc.us/dma/forms.html>. A separate form must be completed for each provider number your organization plans to enroll. A voided check must also be attached for each bank account to verify the account number and bank transit number.

4. Where do I send my completed forms?

Mail the completed form along with a voided check for each bank account to:

EDS
P.O. Box 300011

Raleigh, NC 27622
Att: Finance – EFT

Or fax to: EDS, Att: Finance- EFT

5. How will I know when my form has been processed and direct deposit begins?

The last page of your RA indicates the method of your payment for that checkwrite. A “check number” or an “EFT number” is located in the top left corner beneath your provider number.

6. How long does it take for deposits to be credited to our account?

Funds are automatically deposited into your account within four days of the checkwrite date. A copy of the Electronic Cut-off schedule and the Checkwrite schedule are available on DMA’s Web site at <http://www.dhhs.state.nc.us/dma/prov.htm>.

7. How can I be sure my bank received the money?

Once EDS has completed the automatic deposit, it is each provider’s bank’s responsibility to receive the transaction and post it to your account. Transactions can be confirmed by calling your bank’s Automatic Clearing House (ACH) department. You will need to provide the ACH department with your account number, the checkwrite date, and the amount of the transaction. This information can be obtained from your RA or by calling the Automated Voice Response (AVR) system at 1-800-723-4337.

Refer to **Appendix A** for instructions on using the AVR system.

8. What do I do if I change my bank or my bank account?

Simply fill out a new form with the new information. There is an interim time period of two checkwrites during which you will receive a paper check before your automatic deposit resumes to the new bank account. Special tests are run during this time to verify accuracy with your new bank account. The top left corner of the last page of your RA will indicate “EFT number” rather than “check number” when your automatic deposit resumes.

9. Will my RA go to the bank or to my current mailing address?

The method of RA delivery does not change. RAs are sent to the mailing address on file with the Medicaid program.

10. Are recoupments debited from my account?

No. Completing the EFT form only authorizes Medicaid to make deposits to your account. However, your deposit may be reduced by claim recoupments as shown on the RA.

11. Who do I call if I have a question about my automatic deposit?

Call the Provider Services unit at 1-800-688-6696 or 919-851-8888, menu option 3.